A discount / exemption may be awarded where a person is suffering from severe mental impairment which appears to be permanent. An exemption will apply when all residents of a property are classed as severely mentally impaired. An exemption will also apply should all residents be a combination of severely mentally impaired persons and qualifying students (students will need to provide a certificate from their place of study). A discount will apply when all but one of the residents are classed as severely mentally impaired.

To qualify for a discount / exemption the severely mentally impaired person must be entitled to one of the benefits listed below AND a medical practitioner must confirm their severe mental impairment. For the purpose of this application a person is severely mentally impaired if they have a severe impairment of intelligence and social functioning (however caused) which appears to be permanent.

Please supply the information requested below to apply for a discount / exemption.

**Section 1 – List all residents in property aged 18 or over**

<table>
<thead>
<tr>
<th>Name</th>
<th>Severely Mentally Impaired Yes/No</th>
<th>Full Time Student Yes/No</th>
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**Section 2 – Benefit(s) received by person(s) who are severely mentally impaired**

- Employment Support Allowance or Incapacity Benefit
- An Unemployability Supplement
- An Attendance Allowance
- A Disability Working Allowance
- Care Component of a Disability Living Allowance, paid at the middle or highest rate
- Income Support where the applicable amount includes a disability premium
- Standard or enhanced rate of the daily living component of personal independence payment

**IMPORTANT:** Please send proof of the benefit entitlement (for example, a copy of an entitlement letter)
Section 3 – Your Declaration

Please note that any discount will only be awarded on the basis of your current circumstances. You are required to inform the Council within 21 days should there be a change, for example if another adult joins your household. The Council Tax payer or a person with authority to sign on their behalf should complete this section.

I declare that the information stated on this form is true and accurate to the best of my knowledge and belief. I understand it is a serious offence to accept a discount or exemption to which I am not entitled.

Signature

Date

Print Name

Telephone

E-Mail

Relationship to applicant (if applying on their behalf)

Address (if applying on behalf of severely mentally impaired person)

Use this Address for future Bills and Enquiries? Yes / No

Section 4 – Doctor’s Declaration

Please ask a registered medical practitioner to complete this section (this will normally be the impaired person’s Doctor/GP) and then return the whole of this completed form, together with evidence of benefit entitlement, to the Civic Centre. A separate declaration will be needed for each severely mentally impaired occupier (please copy form as required). There is no charge from the practitioner.

I certify that in my opinion (please enter patient's name) ………………………………………………………………………………………………………….. is / is not (please delete as appropriate) suffering from permanent severe mental impairment.

Doctor’s Signature ………………………………………………………………………………………………………

Doctor’s Name……………………………………………… Doctors status (GP etc.) …………………

Date of Diagnosis…………………………………………………………Date of Signature………………………….

Surgery/Hospital Address………………………………………………………………………………………………

Contact Tel/Email………………………………………………………………………………………………

Surgery/Hospital Official Stamp:

Privacy Notice. Any information we hold about you will be used for the purposes of billing, collection and recovery of council tax and for the council to carry out and perform its statutory duties. It may also be shared with internal departments and other organisations for these purposes where it is fair and reasonable to do so and may be used for the prevention and detection of crime.

For further information on the Council’s privacy policy, please see http://www.elmbridge.gov.uk/privacy.htm

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